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of schools for pupil nurses, are governing nursing bodies, like those of the instructive visiting nursing, and of the public schools, and in the army hospitals? I sincerely hope that this wider opening of our doors may be agreed upon at this time."

NURSES' HOMES AND SCHOOL BUILDINGS

By MARY S. GILMOUR, R. N.

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THIS branch of the work of the Committee on Education has a very interesting history, which I am sure would be much more so if the records were more complete. However, there is enough to serve as a foundation for future reference.

On looking over some of the incorporation dates of hospitals one's feelings cannot fail to be stirred to the depths as the imagination pictures the surroundings and the equipment of 1656. Were there annual reports read then? Did women read them? What were their trials and what their needs? Who were the patients, who the nurses? What were the ambulances? How was it possible to save human lives without the marble, the glass, and the silver accessories of the operating-room of to-day? And yet there was good work done then—work that not only saved lives, but developed brain and intellect and laid a solid foundation for the magnificent, glittering structures of to-day, which seem to defy death itself by the amazing scientific skill with which disease is met and overcome within their portals.

There were sent out 450 circulars for information, which it was thought would cover all hospitals and training-schools of note in the United States and Canada; 247 were returned, with very few exceptions fully filled out. They have been grouped under three divisions:

1. Hospitals of 100 beds and over.
2. Hospitals of 50 to 100 beds.
3. Hospitals of 25 to 50 beds.

There were 117 of the first, 83 of the second, and 48 of the third. All have training-schools for nurses, numbering from 5 to 145 pupils and covering a field ranging from Maine to California and from Texas to Winnipeg, Canada.

Prior to 1870 there were only hospitals to consider; training-schools, as such, did not exist. Of the 247 records here, we find 49 hospitals were in existence at that date, running back through the cen-

turies to 1656, the founding of Bellevue, New York. The next date furnished is 1700, from Savannah, Ga.; then, thirty years later, 1732 and 1751, from Philadelphia; then 1771 records the New York Hospital of New York. The next record, 1811, marks Boston, and close upon this Montreal and Toronto, Canada.

The inward trend begins here, and Detroit comes out in the thirties, with Albany and Rochester following in the forties. A record comes from Ottawa, Canada, in 1851; St. Paul's, Minneapolis, and Chicago, in 1855; San Francisco in 1854, and St. Louis in 1859. Baltimore comes in in 1858 and Winnipeg in 1872. The remaining 32 were in the vicinity of these points mentioned. Others sprang up thick and fast all over the country, so that now every settlement of any pretension holds its hospital, and, I've no doubt, its training-school.

Between 1870 and the present time the records show 198 hospitals and 247 training-schools established. There are, of course, others, but this report is based only on the records in hand. Between 1870 and 1880 there were 8 training-schools started. Their location is interesting: New York City, 3; New Haven, 1; Hartford, 1; Boston, 1; Philadelphia, 1; Buffalo, 1. A school in Boston claims a date of 1863, while one in Philadelphia acknowledges 1828. To-day, twenty-five years later, we find an aggregate of 6,315 pupils in training, caring for hospitals containing a total of 32,196 beds (or a little over five patients to a nurse if all beds were full), with daily average of 25,753 patients, which excludes all dispensary patients, and a weekly average of 2,380 major operations.

These beds are classified as follows: 11,301 medical, 9,075 surgical, 2,601 gynæcological, 1,418 obstetrical, and 2,380 children. This leaves a balance of 5,421 beds unclassified. As one weary superintendent puts it: "What I have given is not a fair classification. Owing to our dreadful epidemic of typhoid, our surgical patients are almost crowded out."

Of the total beds mentioned, 7,678 are for private patients and 20,039 free; the balance of about 2,000 are used as required for private or free patients.

How are they supported? Reports show that 33 are endowed, 52 partially endowed, 70 are government institutions, and 67 depend on donations and patients' fees; 6 of those depend to some extent on nurses' earnings,—at private duty, I presume,—to help support the school. The remaining 25 do not state source of support.

What is done for the care of these pupil nurses, who do this work? Of the schools connected with the 116 hospitals of 100 beds and over, 19 have no separate homes for the nurses. Several pathetically state, "We have no home," and that means a great deal. The remaining 98 have homes of various kinds. In the large cities most have a wing, attached

to the hospital, with the food cooked and served from a general kitchen in the hospital. All have lecture and class-rooms, the largest number being 4; all have parlors or reception-rooms; 6 have gymnasiums, 3 physical culture in lecture-rooms. Balconies and roof-gardens are mentioned in the crowded cities while piazzas and lawns are the accompaniment of homes on the outskirts.

Of the 83 schools connected with hospitals of 50 to 100 beds 24 have no homes, but 6 are building or have plans drawn. The remaining 59 are in the majority of cases private houses rented and remodelled for the nurses. Some of the others are almost models in their equipment. One in Boulder, Col., has its gymnasium, reception-room, class-rooms, kitchen, and dining-room. One in Cleveland has a physical culture class in the lecture-room, and another superintendent mentions her tennis court for exercise.

Of the 48 schools connected with hospitals of 25 to 50 beds, 29 have no homes, the remaining 19 have homes either rented or recently built for them; 4 of those without homes are having them built; 3 of these schools have gymnasiums in their hospitals, to which they have access. One superintendent in Jamestown, N. Y., "compels her nurses to spend three-quarters of an hour in the open air each day." Since this rule has been enforced there is practically no sickness.

All superintendents realize the necessity of single sleeping-rooms for nurses, and the majority have single rooms, but there are a great many double rooms, and several from the West seem to emphasize the fact that the double rooms have single beds, and several are obscure in their statements, so that one wonders if the night nurses occupy the day nurses' beds.

Of the kitchens and dining-rooms only 27 of the 247 have home kitchens. In asking which was considered preferable, the home or the general kitchen service, opinions varied. The majority, 88, were in favor of the home; 79 expressed no opinion, and 29 others, having tried only the general kitchen, could not express an opinion; 51 were in favor of the general kitchen. The majority of the small hospital superintendents were in favor of the general kitchen on the ground of economy. One training-school of 10 had the food cooked by the students in their own diet kitchen at their home.

The health of the nurses averages up very good indeed, the chief troubles being tonsillitis, colds, and influenza. One superintendent blames the fact that her nurses go through the open air to the hospital from the home as a cause of colds, etc. Perhaps the young ladies forget wraps, storm-coats, rubbers, etc., and this may be the cause of the trouble instead of the fresh air.

All sick nurses are cared for gratuitously, either in small infirmaries attached to the homes or in private rooms in the hospitals to which they belong. All lost time must be made up, except in a few cases where illness is due to contagious diseases contracted in the hospital the time is allowed.

One other question regarding separate quarters for night nurses has been answered, with very few exceptions, negatively. Night nurses occupy their own rooms with a card stating their service on the door, so as to insure quiet and no admittance during sleeping-hours.

The answers to questions regarding recent improvements give very meagre information, and no special descriptive literature was sent with the circular. The new homes recently built are merely mentioned as being built and containing certain rooms, etc. Four of these homes deserve special mention: the "Vose" Home, of the Boston City Training-School; the "Margaret Fahnestock" Home, of the Post-Graduate Training-School, New York; the "Florence Nightingale" Home, of the Presbyterian Hospital, New York, and the "New York City" Home, of the Department of Public Charities of New York City. These are all separate from their hospitals and are made as far as possible homes in the best sense of the word.

This ends the information gleaned from the records, but there is quite enough to form a valuable foundation for future reference and to throw considerable light on our problems of to-day. Many wise people have said, "Show us your home, and we will prophesy the future of its inmates," and they are more often correct than otherwise. May not this be said of our nurses and their homes? One of the first questions asked by an architect in building a house is, "What is the character of the inmates?" And nurses are always marked *High Grade*.

Look at these nurses as a class. They are nearly all home girls just at their majority. They have been educated to look upon marriage and home as woman's highest vocation, and they take up the profession of nursing either to fit themselves to be better wives and mothers or to support themselves in what is essentially a womanly profession and ranks next to the wife and mother in caring for the helpless and suffering members of our race. They come to us bringing at our command unquestionable credentials as to their fitness. We aim at the highest character, perfect health, and the best of education, and we select applicants as near the standard as possible, and so they enter their training. It is an understood fact that we expect these young women to finish their training developed and strengthened mentally, morally, and physically. A great responsibility rests, therefore, on those who accept these pupils, much greater now that the course is lengthened to three years, and in

order to obtain the best results in the nursing of our patients the pupils must have sufficient care to enable them to do this work without undue strain.

Every training-school should have a home for its pupils outside of the hospital, away from the nervous strain caused by the sights and sounds of the hospital. Each nurse should have a single room (no matter if it is a little crowded) with fresh air and sunlight and simple furnishings, a place where she can dress without going into the halls for her clothing, where she can shut herself up to study when she wishes, and where she can retire for the good, old-fashioned cry that every strained nerve needs, and which we are often ashamed to own we ever need. That single room does more to stiffen the moral backbone than all the precepts of the three-years' course.

Separate night nurses' quarters in a nurses' home are not always necessary. Generally familiar sounds are not so disturbing as a strange bed and new surroundings, and if day nurses are on duty during the day there ought to be very little noise in the home. A nurse in private practice must accustom herself to home sounds and she should begin it in her course of training.

The home should have sufficient bathing facilities—a bath for every eight inmates is not too many, six would be a better number.

The dining-room should be sunny and fresh, and the nurses should have ample time for meals; one hour at midday, giving time for a short walk in the fresh air, laying aside the ward apron and cap, proper brushing of hair and cleansing of hands, gives an opportunity to prepare to assimilate food instead of laying the foundation for future dyspepsia. The home should have its own supplies, kitchen, and dining-room.

The lecture- and class-rooms should be well ventilated and bright and have a business-like air, which compels attention and work. A class-room comes to my mind, a corner of a drawing-room, which was very cosy and homelike, and the pupils were correspondingly frivolous and inattentive.

Every school should have a library for reference and for general reading, with the newest fiction predominating. A nurse does so much hard study and sees so much of the hard facts of life that the lighter reading is a mental relief to her, and it also keeps her in touch with the current literature of the day, which her patients generally read. There should be a parlor in every home; and if the parlor, library, and lecture-rooms could be arranged so as to be thrown together for nurses' gatherings, such as commencements, musicales, or dances, so much the better. The nurses should be allowed to receive their male friends in the parlor. I remember a gentleman being obliged to wait for a nurse, his cousin,

on a windy corner in early winter. She was delayed half an hour and he was afraid to leave the corner for fear of missing her. I did not hear if he contracted pneumonia from exposure. It was providential if he didn't. What right have we to force superior young women into meetings on the street corners?

There should be ample facilities for exercise of the kind that sends the blood coursing through the veins and renovates the whole system. A gymnasium with a swimming-pool attached is ideal; apart from this calisthenics, physical culture, and tennis courts are all helpful. In many cases nurses have come off duty, tired and sore-footed, who could not resist the spirited strains of our recent waltzes and two-steps, and an hour's dancing works wonders. It should be encouraged and a piano should be in every home.

The pupils must have fresh air and sunshine, and this, it seems, is the hardest problem to face. Walking is good exercise, but after a nurse has walked all night she has little energy left for an hour's stroll on the hard pavements of a city street, and, besides, when three years are spent in one place, the walks grow rather monotonous if there is no special object in taking them except exercise. There should be a Recreation Committee in connection with every school, which would furnish carriages, boats, or horses, so that footsore nurses might be able to drive or sail when fresh air is needed if they cannot get it otherwise; also, this committee could occasionally furnish complimentary tickets to a class for some amusement which would be enjoyed all the more because unexpected and because of the personal element in it. If a committee does not care to be responsible for so much work, an amusement fund should be created and the spending of it left to the discretion of the superintendent. She knows what her charges need, and should be willing to take a little trouble in meeting these needs. Where there are no lawns surrounding the home there should be piazzas or balconies, or, if these are not feasible, a roof garden.

Nurses when off duty should have as bright and cheerful an atmosphere as possible to live in, and it should not be too difficult a thing to find. Nurses should not only be allowed to attend some place of amusement at least monthly, but they should be encouraged to arrange entertainments in their own home. It does much to hold them to conventional lines.

This condition may be considered ideal, but it is attainable, and results would more than pay for the time and energy expended. In striving for our ideals, we may be accused of hitching our wagon to a star; still, it is well to aim high, and if we don't attain the star, at least we can be reasonably sure our wheels will not become clogged by the mud of the gutter.

There is a tendency to require pupil nurses to pay for their education. Many pupils "work their way" through our colleges. Do not our nurses do so? If we arrive at the goal where pupils are required to pay, let us see to it that the education is made one worth paying for from every point of view.

DISCUSSION ON THE SUBJECT OF NURSES' HOMES AND SCHOOL BUILDINGS
BY MISS DROWN, OF THE BOSTON CITY HOSPITAL.

The construction of homes and schools for nurses should be based on the requirements of mental and physical hygiene for the pupils of the school. These requirements may be classed under two limitations—namely, the essential and the accessory.

The essential includes an abiding-place on the one hand and a refectory on the other. The nurse's room should be a unit for herself—small, it may be, but a place where she can rest and think. A single room also fixes the responsibility upon the occupant in regard to the neatness, order, ventilation, and general care. The construction of the room will depend on the size of the building and the space that can be allowed for each pupil. A closet rather than a wardrobe is to be preferred, and if this can be so located that the doors of the room and the closet can be brought together at an angle, they will serve as a screen at night and aid in ventilation, it being understood that the halls and stairways are always supplied with fresh air. The transom over the door is a necessity, an additional one over the window being an advantage. It is not always possible to have each room connected with a ventilating shaft. The room should be supplied with an arrangement for heating in cold weather. It is poor policy to have cold rooms for nurses when off duty. The lighting apparatus should be sufficient, and there should be some central station where the light can be turned off and on simultaneously in all the rooms at stated hours.

The bathrooms should be carefully planned, allowing ample opportunity for each pupil, and the lavatories and closets should be provided for. The furniture of the nurse's room should consist of an iron bedstead with woven-wire mattress wide enough for comfort, a bureau with mirror, small table, commode, clothes-tree, rocking-chair, ordinary chair, desk and bookcase combined, and a screen. The mattress and pillows should be as comfortable as they can be made, the linen and blankets marked with the number of the room. As a rule, nurses are expected to furnish their own covers for bureau, stand, and commode, but it would add to the uniformity and in some instances to the good taste of the room to have suitable linen covers provided for the room, as well as the rugs on the floor.

The refectory or dining-room should be spacious enough for all de-

mands and as light, sunny, and attractive as possible. When possible, it is better for the health of the pupils to have the dining-room in connection with the home, apart from the hospital. The opportunity of getting out into the pure air is an incentive to appetite, and the letter-rack and bulletin-board are inducements that tend to remove the cast-iron effect of institutional regulations in regard to meal hours. A dining-room for nurses apart from a large institution has the decided advantage of having a greater variety of food and many pleasant surprises in having home-like dishes prepared that cannot be provided for the whole hospital family. This arrangement includes a separate kitchen with the necessary attachments of refrigerator and storeroom.

The accessory requirements are difficult to enumerate. The nurses should have a place to receive their callers when they are off duty, and the reception-room can be of sufficient size to use for social functions and club meetings, or it can be enlarged to meet the need by communicating with the library or music-room by means of sliding-doors. An additional room fitted up with all necessary appliances for class instruction and lectures is very desirable. The experience of more than one school has been that sitting-rooms on all the floors of the home are used sparingly. As the preliminary course comes into vogue more and more, these rooms can be utilized for study- and class-rooms. The addition of one or more balconies to the building for the purpose of encouraging the pupils to get out into the open air is a marked factor in preserving the health of the nurses. A gymnasium has been considered a valuable adjunct in the same direction. The hospitals requiring such treatment for patients are provided with the proper facilities and the nurses receive their physical training in the department already prepared. The lower floor of a nurses' home may afford space for a trunk-room, a tea-kitchen for the preparation of light refreshments, a laundry with a set tub and gas or electric stove for irons, a sewing-room with a machine, a clothes-room for laundry bags, and a parcel-room for the reception of the purchases dear to a woman's heart. An elevator is most desirable if the building is of sufficient size to demand much *stair-climbing*.

Having considered the modern nurses' home, the mind naturally reverts to the accommodations provided for the pioneers in the work of nursing. We do not need to be told that they were inured to the stern reality included within the four walls of a hospital. The question will arise in the minds of all interested in the education of nurses if there is not danger in the pendulum swinging too far in the direction of personal ease, comfort, and almost luxurious surroundings for women who are later to take part in the battle involving the suffering and the calamity of the world.